

National Ombudsman Case Management System (NOCMS) Help File

National Ombudsman Case Management System (NOCMS)

U.S. Small Business Administration

July 2008

1	NEW COMMENT/COMPLAINT SCREEN.....	3
1.1	ACKNOWLEDGEMENT SCREEN.....	5
1.1.1	Comment Form PDF.....	6

1 New Comment/Complaint Screen

Use this screen to enter a new comment/complaint. The fields that are in bold with a green outline are required.

U.S. Small Business Administration

SBA

Your Small Business Resource

Exit

Help

New

Ombudsman

National Ombudsman Case Management System

Federal Agency Comment Form
Small Business Administration - Office of the National Ombudsman
409 Third Street SW, Washington, DC 20024
P: (202) 205-2417 - F: (202) 481-5719

OMB Control #3245-0313
Exp. date 6/30/2010

Instructions

1. Complete, sign and date this form. (Signature not required if completed at www.sba.gov/ombudsman).
2. Provide a brief written statement on the reverse side regarding the specific enforcement or compliance action taken against your organization by the federal agency.
3. Submit copies of substantiating documentation, such as correspondence, citation, or notice (Note: Can be submitted separately from this form by fax or mail. Make sure to reference your name or company's name with this information).
4. If your comments concern the IRS, you must also submit a completed IRS Tax Information Authorization Form 8821, available at <http://www.irs.gov/forms> (Can be sent by fax or mail).
5. Fax, email or send this form and requested information to: (1) Fax: (202) 481-5719; (2) E-mail: Ombudsman@sba.gov; (3) Address: SBA, Office of the National Ombudsman, 409 Third Street, SW, Washington, DC 20024.

Organization/Company Name:

Country:

Zip/Zip+4: -

Street 1:

Street 2:

City Name:

Phone: Fax:

Name:

Title: Email:

No. of Members Representing: Organization Type:

List the federal agency with which you are having a problem

Federal Agency Name:

Agency Contact person:

Agency Office/Division:

Did the federal agency listed above inform you of your right to contact the SBA Office of the National Ombudsman? ☐ Yes ☐ No

If not, how did you learn about this office?:

Confidentiality / Disclosure

The Small Business Regulatory Enforcement Fairness Act (SBREFA), allows you to keep your identity and other information private, and limit its access only to the Office of the Ombudsman (See 15 U.S.C. 657 (b) (2) (B)). However, by requesting confidentiality the federal agency may not have sufficient information to investigate your specific problem, possibly delaying or preventing any potential resolution of your situation.

I request that my information be kept confidential. ☐ Yes ☐ No

Signature: Date: [mm/dd/yyyy]

Your signature authorizes the SBA Ombudsman to proceed on your behalf

Pursue all legal options you believe are in your company's best interest. This process is not a substitute for legal action.



Type your comments below:


Clear

Reset


Submit

Definition of Terms

1. **Organization/Company Name** – Enter the name of your organization or company.
2. **Country** – This field will contain “US” and will be greyed-out.
3. **Zip/Zip+4** – Enter your zip code, then select the  pushbutton. This will automatically populate the “City Name” and “State” fields.
4. **Street 1** – Enter the first line of your street address.
5. **Street 2** – Enter the second line of your street address.
6. **City Name** – Enter the name of the city. If you selected the  pushbutton, this field will already display the city name.
7. **State** – The abbreviation of your state displays in this view-only field.
8. **Phone** – Enter your phone number, including the area code.
9. **Fax** – Enter your fax number, including the area code.
10. **Name** – Enter your first name, last name, and middle initial (if applicable) of the person making the complaint.
11. **Title** – Enter your title.
12. **Email** – Enter your email.
13. **No. of Members Representing** – Enter the number of people who are represented by this comment.
14. **Organization Type** – Use the drop-down list to select the type of organization involved (e.g. “Not-for-Profit”, “Small Business”, or “Small Government”).
15. **Federal Agency Name** – Enter the name of the federal agency with which the client has a problem.
16. **Agency Contact Person** – Enter the name of the agency contact.
17. **Agency Office/Division** – Enter the name of the agency office/division with which the client has a problem.
18. **Did the federal agency listed above inform you of your right to contact the SBA Office of the National Ombudsman?** – Select either “Yes” or “No” to indicate the answer to this question.
19. **If not, how did you learn about this office?** – Enter how you learned about the ONO office, if it was not through a federal agency.
20. **I request that my information be kept confidential.** – Select either “Yes” or “No” to indicate the confidentiality status.
21. **Signature** – Enter the signature.
22. **Date** – Enter the date when the complaint is filed.
23. **Type your comments below:** Enter the client’s comments describing the nature of the problem.

Click on the  pushbutton to clear all fields of inputted values.

Click on the  pushbutton to reset all the fields to their original values.

Click on the  pushbutton to submit the information to the Office of the National Ombudsman.

1.1 Acknowledgement Screen

Upon clicking on the **Submit** pushbutton, the system will return the following message:

Comment has been submitted to the Office of the National Ombudsman.

You will receive an acknowledgement e-mail from the SBA Office of the National Ombudsman

Comment Detail (PDF)

Click on the **Comment Detail (PDF)** pushbutton to access a PDF file of the form that you have just completed.

1.1.1 Comment Form PDF

The screen below depicts a PDF form with the information that you entered in the *New Comment/Complaint* screen.

Federal Agency Comment Form
Small Business Administration – Office of the National Ombudsman
409 Third Street SW, Washington, DC 20416
P: (202) 205-2417 – F: (202) 481-5719

OMB Control #3245-0313
Exp. date 6/30/2010
Case #: 0804250006

Instructions
1. Complete, sign and date this form. (Signature not required if completed at www.sba.gov/ombudsman).
2. Provide a brief written statement on the reverse side regarding the specific enforcement or compliance action taken against your organization by the federal agency.
3. Submit copies of substantiating documentation, such as correspondence, citation, or notice (Note: Can be submitted separately from this form by fax or mail. Make sure to reference your name or company's name with this information).
4. If your comments concern the IRS, you must also submit a completed IRS Tax Information Authorization Form 8821, available at <http://www.irs.gov/forms> (Can be sent by fax or mail).
5. Fax, e-mail or send this form and requested information to: (1) Fax: (202) 481-5719; (2) E-mail: Ombudsman@sba.gov; (3) Address: SBA, Office of the National Ombudsman, 409 Third Street, SW, Washington, DC 20416.

Please Print
Organization/Company Name: Montgomery Biotech, Inc.
Address: 99 Clopper Road
City: GERMANTOWN **State:** MD **Zip:** 20876
Phone: 301-540-9876 **Fax:** **E-mail:** monty@mbtech.net
Contact Name: Monty Montgomery **Title:** CEO

Please indicate your organization type:
☒ Small Business ☐ Not-for-Profit, Representing 47 Members
☐ Small Government (population of less than 50,000)

List the federal agency with which you are having a problem:
Federal Agency Name: HHS
Agency Contact person: Carol Contact

Signatures Pages Signatures	Agency Office/Division: <u>Test Division</u>
	√ Did the federal agency listed above inform you of your right to contact the SBA Office of the National Ombudsman? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If not, how did you learn about this office? _____
	Confidentiality / Disclosure The Small Business Regulatory Enforcement Fairness Act (SBREFA), allows you to keep your identity and other information private, and limit its access only to the Office of the Ombudsman (See 15 U.S.C. 657 (b) (2) (B)). However, by requesting confidentiality the federal agency may not have sufficient information to investigate your specific problem, possibly delaying or preventing any potential resolution of your situation. I request that my information be kept confidential. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, results may be limited.)
	Signature: _____ Date: <u>04/25/2008</u> Your signature authorizes the SBA Ombudsman to proceed on your behalf. Pursue all legal options you believe are in your company's best interest. This process is not a substitute for legal action. SBA FORM 1993 (3-07) Previous Editions Obsolete Please Note: The estimated burden for completing this form is 45 minutes. You will not be required to respond to this information collection if a valid OMB approval number is not displayed. If you have any questions or comments concerning this estimate or other aspects of this information collection, please contact the U. S. Small Business Administration, Chief, Administrative Information Branch, Washington, D.C. 20416 and/or Office of Management and Budget, Clearance Officer, Paperwork Reduction Project (3245-0313), Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB. Type or (print) your comments below: <div style="border: 1px solid black; padding: 5px; min-height: 20px;">These are test comments.</div>

All fields on this form are display-only.